

they are not a transporter

10/6

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# VIAID10121318131113116 Date: 10-16-95

II. FACILITY NAME Bock Drum Co Inc

NEW FACILITY NAME

Name Change _____

III. LOCATION OF INSTALLATION

Street _____

City/Town _____ State _____ Zip _____

County Code _____ County Name _____

IV. INSTALLATION MAILING ADDRESS

Street _____

City/Town _____ State _____ Zip _____

V. INSTALLATION CONTACT

Last Name _____ First _____

Job Title _____ Phone # () _____

VI. INSTALLATION CONTACT ADDRESS

Street _____

City/Town _____ State _____ Zip _____

VII. OWNERSHIP

Name of Legal Owner _____

Street _____

City/Town _____ State _____ Zip _____

Phone # () _____ Land Type _____ Owner Type _____

IX. WASTE CODES

Delete Old Waste Codes

Add New Waste Codes

Updated in RCRIS by: CW HST Date: 10/19/95
10-16-95

VIII A. Hazardous Waste Activity

- | | | <u>Type</u> | <u>RCRA Reg. Status</u> | <u>RCRA Reg. Desc.</u> |
|----|--|--|-------------------------|------------------------|
| 1. | Generator | <u> N </u> | <u> N </u> | <u> 2 </u> |
| 2. | Transporter | | | |
| 3. | TSD | | | |
| | Mode of Transportation for Transporter | | | |
| | Air | Rail | Highway | Water |
| | | | | Other |
| 4. | <u>HWF Burner/Blender:</u> | | | |
| | B | Boiler and/or Industrial Furnace (BIF) only. | | |
| | D | BIF only; Smelter Deferral. | | |
| | E | BIF only; Small Quantity Exemption Claimed. | | |
| | N | Not a Burner/Blender, Verified. | | |
| | X | Other Burner/Blender Activity. | | |
| | Blank | Unverified. | | |
| a. | <u>HWF Marketing to Burner:</u> | | | |
| | X | Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities. | | |
| b. | <u>HWF Other Marketers:</u> | | | |
| | X | Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner. | | |
| c. | <u>HWF Boiler/Industrial Furnace:</u> | | | |
| | B | Boiler and/or Industrial Furnace (BIF) only. | | |
| | X | Indication of Activity. | | |
| 5. | <u>Underground Injection Control:</u> | | | |
| | X | Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. | | |

VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
 - a. Used Oil Marketer to Burner:

X Marketer directs shipments of used oil to burners.
 - b. Used Oil Other Marketer:

X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner(e.g., marketing to UO refinery).
2. Used Oil Burner:

X Indication of Activity.

Burner Types:

Utility Boiler	Industrial Boiler	Industrial Furnace
H=Hazardous Waste Fuel	U=Used Oil Fuel	B=Both
3. Used Oil Transporter:

T=Transporter F=Transfer B=Both
4. Used Oil Processor/Re-refiner:

P=Process Only R=Refine Only B=Both

① not a transporter

② waste codes

ers per inch) in the unshaded areas only

Form Approved: OMB No. 2050-0028, Expires 9-30-92
GSA No. 0246-EPA-OT

EPA Notification of Regulated Waste Activity

Date Received
(For Official Use Only)

United States Environmental Protection Agency

Section 3010
of the Resource Conservation
and Recovery Act

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number
V A D 0 2 3 8 3 1 3 1 6

II. Name of Installation (Include company and specific site name)

B O C K D R U M C O M P A N Y I N C .

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 6 1 0 F L O R I D A A V E N U E

Street (continued)

N O R F O L K

City or Town

State

ZIP Code

V A

2 3 5 1 3 - 4 4 0 7

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

s a m e

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

B O C K

(first)

R O N A L D , S R .

Job Title

P R E S I D E N T

Phone Number (area code and number)

8 0 4 - 8 5 5 - 0 5 4 9

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

☐ ☐

B. Street or P.O. Box

s a m e

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

B O C K D R U M C O M P A N Y I N C .

Street, P.O. Box, or Route Number

2 6 1 0 F L O R I D A A V E N U E

City or Town

State

ZIP Code

N O R F O L K

V A

2 3 5 1 3 - 4 4 0 7

Phone Number (area code and number)

8 0 4 - 8 5 5 - 0 5 4 9

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Yes

No

X

(Date Changed)
Month Day Year

GENERAL STATE SECTION

OCT 16 1995

EPA, RI

Please print or type with ELIIL type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)
- ☐ ☐ ☐ ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 8 D 0 3 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Ronald H. Bock Sr.

Name and Official Title (type or print)

Ronald H. Bock, Sr.

Date Signed

October 4, 1995

XI. Comments

Note: This form is not valid if the appropriate EPA Region Office is not stamped on the back of the form.

CR2


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*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: VAD023831316      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY): 081880   Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY): 04291992   Send Acknowledgement:                      *
*Name of Installation: BOCK DRUM CO INC                      *
*                               Installation Location Address                      *
*Streets: 2610 FLORIDA AVE                      *
*City: NORFOLK                               State: VA   Zip: 23513                      *
*County Code: 710       County Name: NORFOLK                      *
*                               Installation Mailing Address                      *
*Streets: 2610 FLORIDA AVE                      *
*City: NORFOLK                               State: VA   Zip: 23513                      *
*                               Contact Information                      *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* BOCK             RONALD          PRES        8048550549      L                      *
*Streets: 2610 FLORIDA AVE                      *
*City: NORFOLK                               State: VA   Zip: 23513                      *
*Land Type: P                      *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit                      *
*****

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*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID: VAD023831316      Other ID:      Source: N                      *
*                               *                               *
* Owner Sequence Number: 1                      *
* Ownership: BOCK DRUM CO INC,                               Type of Owner: P                      *
*                               *                               *
*                               Address of Owner/Operator                      *
*                               *                               *
*   Street: 2610 FLORIDA AVE                      *
*   City: NORFOLK                               State: VA Zip Code 23513                      *
*   Phone: 8048550549                      *
*                               *                               *
* Current/Previous Indicator: CO   Change Date(MMDDYY):                      *
*                               *                               *
*                               *                               *
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next      *
*****

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*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID: VAD023831316      Other ID:      Source: N                      *
*                               *                               *
*                               RCRA Reg   RCRA Reg   State Reg   State Reg *
* Waste Activity      Type   Status   Desc   Status   Desc   *
* -----            -
* HW Generator:      2       R                      *
* HW TSD:                      *
* HW Transporter:    X       R                      *
* Transport Mode: Air:      Rail: Highway: X   Water:                      *

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*                               Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*                               RCRIS: Notification View Screen 5 of 6
*****
* EPA ID: VAD023831316 Other ID:- Source: N
*
* Hazardous Waste Codes: Specific/Non-Specific/Commercial/Chemical
*
*      D000    D001    D002    D003    D008
*      D039    F017    U001    U002    U003
*      U004    U005    U006    U007    U008
*      U009    U010    U011    U012    U013
*      U014    U015    U016    U017    U018
*      U019    U020    U021    U022    U023
*      U024    U025    U026    U027    U028
*      U029    U030    U031    U032    U033
*      U034    U035    U036    U037    U038
*      U039    U040    U041    U042    U043
*
*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help            F9-First      F10-Next
*****

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Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law. (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

FEB 1992

RECEIVED

United States Environmental Protection Agency

**Notification of
Regulated Waste
Activity****Date Received
(For Official Use Only)****APR 27 1992****I. Installation's EPA ID Number (Mark X in the appropriate box)**☐**A. First Notification**☒**B. Subsequent Notification**

(complete item C)

C. Installation's EPA ID Number

V A D 0 2 3 8 3 1 3 1 6

II. Name of Installation (Include company and specific site name)

B O C K D R U M C O M P A N Y I N C

III. Location of Installation (Physical address not P.O. Box or Route Number)**Street**

2 6 1 0 F L O R I D A A V E N U E

Street (continued)**City or Town**

N O R F O L K

State**ZIP Code**

V A 2 3 5 1 3 - 4 4 0 7

County Code**County Name****IV. Installation Mailing Address (See instructions)****Street or P.O. Box**

s a m e

City or Town**State****ZIP Code****V. Installation Contact (Person to be contacted regarding waste activities at site)****Name (last)**

B O C K

(first)

R O N A L D

Job Title

P R E S I D E N T

Phone Number (area code and number)

8 0 4 - 8 5 5 - 0 5 4 9

VI. Installation Contact Address (See instructions)**A. Contact Address**
Location Mailing**B. Street or P.O. Box**

S A M E

City or Town**State****ZIP Code****VII. Ownership (See instructions)****A. Name of Installation's Legal Owner**

B O C K D R U M C O M P A N Y I N C

Street, P.O. Box, or Route Number

2 6 1 0 F L O R I D A A V E N U E

City or Town

N O R F O L K

State**ZIP Code**

V A 2 3 5 1 3 - 4 4 0 7

Phone Number (area code and number)

8 0 4 - 8 5 5 - 0 5 4 9

B. Land Type

P

C. Owner Type

(P)

D. Change of Owner

Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (D000) ☒
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))
- D 0 0 8 D 0 3 9

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	8	9	10	11	12
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

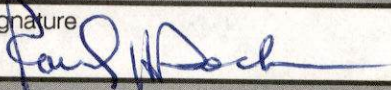
C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Ronald H. Bock

Date Signed

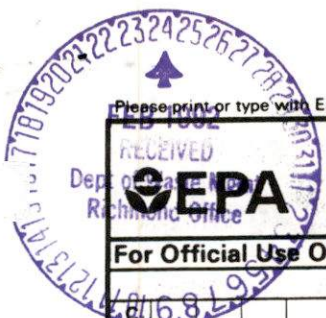
2/26/92

XI. Comments

RECEIVED
GENERAL STATE SECTION

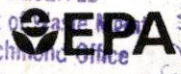
MAR 0 1992

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460



Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

Comments

C									
Installation's EPA ID Number									
Approved									
Date Received (yr. mo. day)									
APR 27 1992									
T/A C									
1									

I. Name of Installation

B	O	C	K	D	R	U	M	C	O	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---

II. Installation Mailing Address

Street or P.O. Box

C									
3 2 6 1 0 F L O R I D A A V E									
City or Town									
State									
ZIP Code									
C									
4 N O R F O L K V A 2 3 5 1 3									

III. Location of Installation

Street or Route Number

C									
5 S A M E									
City or Town									
State									
ZIP Code									
C									
6									

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

C									
2 B O C K R O N A L D H P R E S 8 0 4 8 5 5 0 5 4 9									

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

C									
R B O C K D R U M C O I N C CORP.									

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

<input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	<input checked="" type="checkbox"/> 1b. Less than 1,000 kg/mo. <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
---	--

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

V	A	D	0	2	3	8	3	1	3	1	6
---	---	---	---	---	---	---	---	---	---	---	---

ID — For Official Use Only											
C											T/A C
W											1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
D 0 3 9	D 0 0 8				
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☐ 1. Ignitable
(D001)

☐ 2. Corrosive
(D002)

☐ 3. Reactive
(D003)

☐ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature: *[Signature]*

Name and Official Title (type or print): *RONALD H. BOK Pres.*

Date Signed: *2/20/92*



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+

VAD023831316
BOCK DRUM CO INC
2610 FLORIDA AVE
NORFOLK , VA 23513
RONALD BOCK PRES

INSTALLATION ADDRESS

2610 FLORIDA AVE
NORFOLK ,VA 23513

Gen

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION III
841 Chestnut Building
Philadelphia, Pennsylvania 19107

SUBJECT: RCRA Inspection
Facility: *Back Drum Co.*
ID #: *VAD 023 831316*

DATE: *8/23/88*

FROM: Charlene C. Harrison, *CC* Environmental Engineer
RCRA Enforcement General Section (3HW15)

TO: FILE

THRU: *pg 9/13/88*
Victoria P. Binetti, Chief
RCRA Enforcement General Section (3HW15)

THE STATE IS TAKING ACTION TO RESOLVE THE VIOLATIONS IN
THIS INSPECTION REPORT.

WE WILL MONITOR THE STATE ACTIVITY REGARDING RESOLUTION
OF THESE VIOLATIONS.

- *State requesting meeting to address the
violations*



COMMONWEALTH of VIRGINIA

DEPARTMENT OF WASTE MANAGEMENT
11th Floor, Monroe Building
101 N. 14th Street
Richmond, VA 23219
(804) 225-2667

JUN 10 1988

CERTIFIED - RETURN
RECEIPT REQUESTED

John Runyan
Bock Drum Company
2610 Florida Avenue
Norfolk, VA 23513

Re: EPA ID# VAD023831316

Dear Mr. Runyan:

During a recent (May 27, 1988) inspection it was noted that your facility was not in total compliance with the Virginia Hazardous Waste Management Regulations (VHWMR). Such items are indicated by checkmarks on the enclosed inspection checklists and are listed below:

1. No hazardous waste has been shipped off-site since June, 1986. Therefore, you are storing hazardous waste illegally without a permit in violation of VHWMR Section 6.4.E.1.
2. The date that accumulation begins is not clearly marked and visible for inspection on each container in violation of VHWMR Section 6.4.E.1.b.
3. Each container is not clearly marked with the words "Hazardous Waste" in violation of VHWMR Section 6.4.E.1.c.
4. The generator has not notified the Executive Director of the Department of the exact location of all hazardous waste accumulation areas in violation of VHWMR Section 6.4.E.1.e.
5. The generator does not inspect hazardous waste storage areas at least once each week, and does not record the results of these inspections in an inspection log in violation of VHWMR Sections 9.8.E , 9.1.F.4 and 6.4.E.1.d.
6. The generator does not maintain a record of job titles for personnel that are involved with hazardous waste management, a written position description for each job title involved with hazardous waste management, and a list of the names of each employee filling each position in violation of VHWMR Sections 9.1.G.4.a and b.

John Runyan
Page 2

7. The generator does not have records to document the type and amount of introductory and continuing training for those employees involved in hazardous waste management in violation of VHWMR Section 9.1.G.4.d.

8. The facility does not have an internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion in violation of VHWMR Section 9.2.B.1.

9. The facility does not have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies in violation of VHWMR Section 9.2.E.

10. The generator does not have an established contingency plan to deal with any unplanned sudden or non-sudden releases of hazardous waste or hazardous waste constituents to the air, soil, ground water or surface water in violation of VHWMR Section 6.4.E.1.d and 9.3.B.

11. Many containers in the hazardous waste container storage area were stored unclosed and others showed signs of leaking and corrosion in violation of VHWMR Section 9.8.B.

Due to the nature and extent of the above violations, we would like to hold a meeting here on June 29, 1988 at 11:00 a.m. to discuss possible enforcement action. A map has been enclosed for your convenience.

If you have any questions regarding this matter, please contact me at (804) 225-2780 or Ed Lanford at (804) 225-2892.

Sincerely,

Lisa A. Clark

for Lisa A. Clark
Public Health Engineer
Division of Technical Services

Enclosures

cc: S. Morse
E. Lanford
J. Ely
P. Ewald

LAC:365/lhc

January 1988

SURVEY SHEET
FOR INSPECTION OF HAZARDOUS WASTE FACILITIES

Name of Facility: 3ock Drum Co.
 Address: 2610 Florida Avenue
Norfolk, VA 23513
 EPA ID Number: VAD.023831316
 Facility Representative: John Runyan
 Title: Part-Owner
 Telephone Number: (804) 855-0549
 Inspector's Name: Lisa Clark
 Title: Public Health Engineer
 Date of Inspection: May 27, 1988

1. What is the business activity of the firm? (i.e., furniture mfg., metal plating, recycling, etc.)

Drum reconditioning

2. Give a brief description of the waste stream(s) and hazardous waste code(s).

- all waste esently being tested {
1. Dust from Steel Shop Blaster *
 2. Caustic Sludge from Cleaning Caustic Tanks (No metals) - 97% NaOH
 3. Paint from Water Wash Spray Booth (No metals in paint) *
 4. ~~Caustic Sludge~~ Drum Oily/Water Residue *
Sludge

3. List the amounts of hazardous waste generated on a monthly basis (use the highest monthly total) and the greatest amount accumulated at the site.

Waste Code	Amount Generated	Amount Accumulated
1.	6 drums/mo	7 drums
2.	7 drums ^{3x year} when tanks cleaned	43 drums
3.	2 drums/mo	33 drums
4.	12 drums/yr.	6 drums

~ 12 10/90

* Non-Hazardous?? GSX presently testing all.

4. Does the facility ever generate greater than:
-1 kg. of acutely toxic waste (P listed waste or F020-F023 and F026-F027)? YES ☒ NO

-100 kg of clean up from a spill of P listed waste or F020-F023 and F026-F027 waste? YES ☒ NO

If yes, then the facility is a generator.

5. Does the facility generate land banned waste? YES ☒ NO

If yes, circle the type:

F001 F002 F003 F004 F005

California List - list the metal _____

Cyanide

Dioxin

How is the waste presently being handled? Where is it sent?
Is the generator providing the required certifications to the TSD facility?

Up until 87 RTS was transporting waste to

No waste shipped in 87 or 88.

GSX presently testing samples.

6. Does the facility generate any hazardous waste that is excluded from regulation? If yes, list the waste and the basis for exclusion.

No

7. Based on the above, the facility is a:

- a. conditionally exempt small quantity generator
- b. small quantity generator
- c. ☒ generator

8. Check accumulation times for the three types of generators.

Need to get copy of all test results.

If the times are exceeded, then the facility is moved up to the next category. A generator becomes a TSD facility.

A conditionally exempt small quantity generator can accumulate indefinitely, but if the amount accumulated ever exceeds 1000 kgs. then he becomes a small quantity generator. At the time the 1000 kg. limit is passed, the accumulation times for small quantity generators begins.

Small quantity generators can accumulate up to 180 days or 270 days if the disposal site is over 200 miles away. However, if at any time over 6000 kgs. of waste is accumulated, then the small quantity generator becomes a generator.

9. List each container and tank accumulation area. Specify the number and capacity of each tank. [Note: Include any satellite accumulation areas. Verify that only 55 gallons of waste (or one quart of acutely toxic waste) is at that site.]

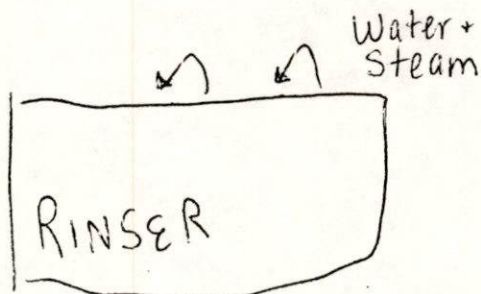
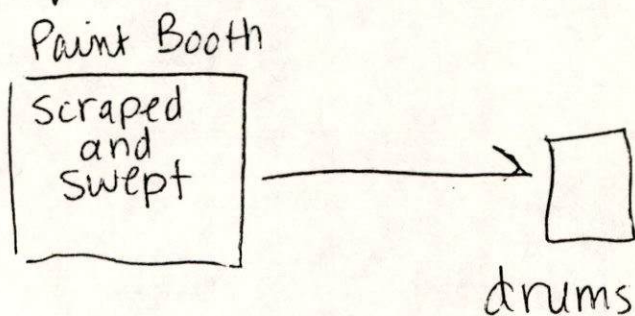
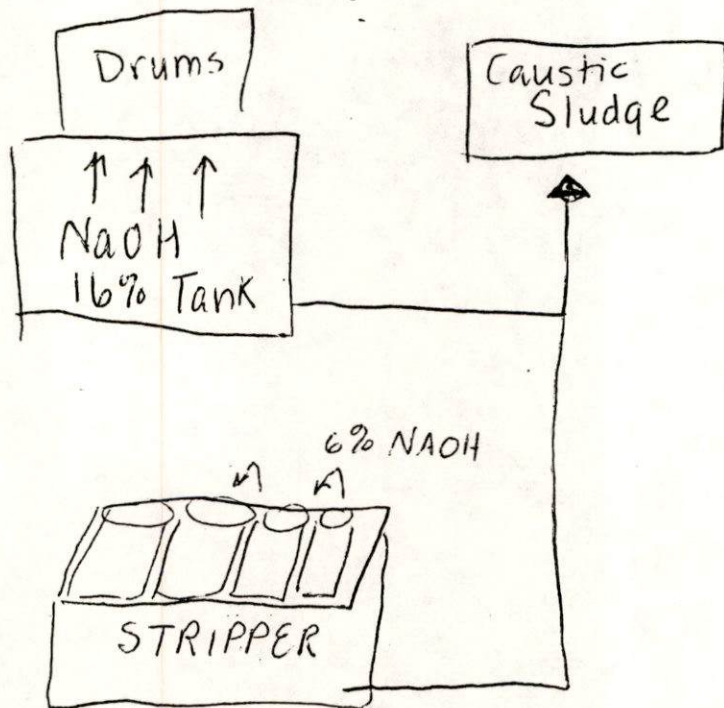
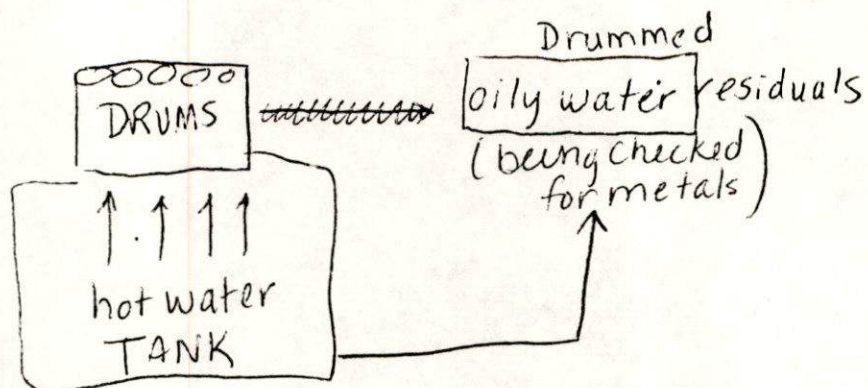
Location	Number of Containers	Number of Tanks	Capacity
Storage Area	83	0	55-gal

10. Comments

43 C
33 P
7 D

11. Waste Management Flow Diagram

(On this page sketch a brief flow diagram that includes where the waste is generated, the steps through a treatment system (if any), the steps through storage including satellite accumulation areas. Do this for each waste stream including excluded hazardous waste.)



January 1988

CHECKLIST FOR HAZARDOUS WASTE
INSPECTION OF GENERATORS

Name of Facility: Back Drum
Address: 2610 Florida Avenue
Norfolk, VA 23513
EPA ID Number: VAD023831-316
Facility Representative: John Rumyan
Title: Part-Owner
Telephone Number: (804) 855-0549
Inspector's Name: Lisa Clark
Title: Public Health Engineer
Date of Inspection: May 27, 1988

Va. Hazardous Generator Checklist
Waste Reg.

- 6.3. 1. Is a manifest system currently being used for all hazardous waste shipped off site? ☒ YES ☐ NO
However, no waste shipped off since 6/86
- 6.2.C. 2. Has the generator determined that the transporter(s) and facility have an EPA ID number? [Note: Shipments to POTWs must be manifested.] ☒ YES ☐ NO
- 5.5.A.7 3. Has the generator determined that the transporter has a valid Virginia Transporter Permit? ☒ YES ☐ NO
- 6.3 5.3.B.1. 4. Is the following information on the manifest:
- a. The generator's name, mailing address, EPA ID Number, and telephone number? ☒ YES ☐ NO
- 5.3.B.2. b. An unique five digit number assigned to this manifest by the generator? ☒ YES ☐ NO

- 3.B.3. c. The total number of pages of the manifest? ☒ YES ☐ NO
- 3.B.4. d. The company name and EPA ID number of transporter used? ☒ YES ☐ NO
- 3.B.5. e. The company name, site address, and EPA ID number of the facility designated to receive the waste? ☒ YES ☐ NO
- 3.B.6. f. The U. S. DOT description of each waste to include its proper shipping name, hazard class, and I.D. number (UN/NA) as identified in the Virginia Regulations Governing the Transportation of Hazardous Material? ☒ YES ☐ NO
- 3.B.7. g. The quantities of waste being shipped? ☒ YES ☐ NO
- 3.C. h. The following certification: "I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by (mode of transportation) according to applicable international and national governmental regulations. I certify that I have a program in place to reduce the volume and toxicity of waste generated to a degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and environment."
- 5.C.2. 5. Have manifest been received from the TSD facility for any waste which was shipped over 45 days ago? ☒ YES ☐ NO
- If no, has the generator filed an exception report with the Executive Director which included:

6.5.C.2.a.

a. A legible copy of the manifest for which the generator does not have confirmation of the delivery?

YES NO N/A

6.5.C.2.b.

b. A cover letter explaining the efforts taken to locate the shipment?

YES NO N/A

6.4.E.1.

6. Is hazardous waste being accumulated on-site for less than 90 days? If yes,

YES ☒ NO

6.4.E.1.a.

a. Is the waste stored in containers or tanks? (If yes, fill out appropriate checklists. If no, a TSD permit is required.)

☒ YES NO

6.4.E.1.b.

b. Is the date that accumulation begins clearly marked and visible for inspection on each container?

YES ☒ NO

6.4.E.1.c.

c. Is each container and tank clearly marked with the words "Hazardous Waste"?

YES ☒ NO

6.4.E.1.e.

d. Has the generator notified the Executive Director by March 1, 1988, of the exact location of the accumulation areas?

YES ☒ NO

6.4.E.1.d.

9.1.F.4.

7. Does the generator record inspections in an inspection log?

YES ☒ NO

6.4.E.1.d.

9.1.G.1.

8. Have facility personnel successfully completed a program of classroom training or on-the-job training in hazardous waste management procedures?

☒ YES NO

9.1.G.2.

9. Have new employees to the facility successfully completed training mentioned above within 6 months of their employment or assignment to the facility?

☒ YES NO

9.1.G.3.

10. Do personnel participate in an annual review of the initial training?

☒ YES NO

9.1.G.4.a.

11. Does the facility maintain a record of:

- a. job titles for personnel that are involved with hazardous waste management; and YES ☒ NO ✓
- b. the name of the employee filling each job? YES ☒ NO ✓
- 9.1.G.4.b. 12. Does the facility have on record a written position description for each job title noted in Question #10? YES ☒ NO ✓
- 9.1.G.4.c. 13. Does the facility maintain a written description of the type and amount of introductory and continuing training for those employees involved in hazardous waste management? YES ☒ NO ✓
- 9.1.G.4.d. 14. Does the facility have records to document this training? YES ☒ NO ✓
- 9.2.B.
9.2.D. 15. At the facility, is the following equipment installed:
- 9.2.B.1. a. An internal communications or alarm system capable of providing immediate emergency instructions to facility personnel if the hazardous waste storage area is threatened by fire or explosion? YES ☒ NO ✓
- 9.2.B.2. b. A device at the scene of hazardous waste generator operations capable of summoning emergency assistance from Police, Fire Departments, etc.? YES ☒ NO ✓
- 9.2.B.3. c. Portable fire extinguishers, fire control, spill control, and decontamination equipment?; and YES ☒ NO ✓
- 9.2.B.4. d. Water at adequate volume and pressure to supply expected fire demands, foam producing equipment, automatic sprinklers or water spray system? YES ☒ NO ✓
- 9.2.C. 16. Is a record of tests and inspections of required equipment (question 14) maintained at the facility? YES ☒ NO ✓
- 9.2.E. → 17. Does the facility have adequate aisle space to allow the unobstructed movement of personnel and equipment during emergencies? YES ☒ NO ✓

3 pallets hi
5 wide
2 and 3 deep

6.4.E.1.d.
9.3.

18. Does the facility have an established contingency plan to deal with any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to the air, soil, ground water or surface water?

YES ☒ NO

9.3.B.

19. Does the contingency plan contain the following elements:

9.3.B.(1,2).

a. A detailed description of emergency procedures facility personnel will implement in response to fires, explosions, or unplanned releases of hazardous waste to air, soil, and water?

YES ☒ NO

9.3.B.4.

b. A listing of names, addresses, and phone numbers of the generator facility emergency response coordinators? List primary Coordinator.

YES ☒ NO

Name _____

Title _____

Telephone _____

9.3.B.5.

c. A list of appropriate emergency equipment necessary to cope with emergencies at the generator facility?

YES ☒ NO

9.3.B.6.

d. Does this list specify the location and physical description of each item on the list and a brief description of each item on the list, and a brief outline of its capabilities?

YES ☒ NO

9.3.B.5.

e. An evacuation plan for the generator facility where there is a possibility that evacuation could be necessary?

YES ☒ NO

9.3.C.

f. Have copies of the contingency plan been sent to all local police departments, fire departments, hospitals and Commonwealth and local emergency response teams? List:

YES

NO

9.3.C.

g. Is there documentation to indicate the personnel listed above received the contingency plan?

YES

NO

9.3.F. (9,10).

h. If the contingency plan has been implemented, was a written report filed with the Executive Director and were the Executive Director and other required authorities properly notified before operations resumed?

YES

NO

N/A

6.4.E.4.a.

20. Does the generator have satellite accumulation areas? If yes,

YES

NO

a. Is the area located at or near the point of hazardous waste generation?

YES

NO

N/A

6.4.E.4.a. (1)

9.8.B.

b. Are the containers in good condition?

YES

NO

N/A

6.4.E.4.a. (1)

9.8.C.

c. Are the containers compatible with the waste?

YES

NO

N/A

6.4.E.4.a. (1)

9.8.D.1.

d. Are the containers kept closed?

YES

NO

N/A

6.4.E.4.a. (2)

e. Are the containers marked with the words "Hazardous Waste" or other words that identify the contents of the container?

YES

NO

N/A

6.5.E.4.b.

f. Are amounts in excess of those allowed being accumulated in the satellite accumulation area? If yes,

YES

NO

N/A

(1) Has the generator marked the amount in excess with the date the excess amount began accumulating?

YES

NO

N/A

(2) Has the generator either removed the excess amount within three days of the date of excess accumulations or has he complied with all other provisions for accumulation areas listed in question 5 on this checklist? Namely, has he notified the Executive Director about the location of the accumulation area?

YES NO

N/A

What has the generator chosen to do? _____

6.5.A:

21. Does the generator retain copies of all manifests, annual reports, and test results for at least three years?

☒ YES

NO

6.5.B:

22. Has the facility submitted an annual report for the preceding calendar year?

☒ YES

NO

If drums aren't empty, they return them to the customer.

January 1988

INSPECTION CHECKLIST FOR
THE USE AND MANAGEMENT OF CONTAINERS

Name of Facility: BOCK DRUMS
Address: 2610 Florida Avenue
Norfolk, VA 23513
EPA ID Number: VAD023831316
Facility Inspection Representative: John Runyan
Title: Part-Owner
Telephone Number: (804) 855-0549
Inspector's Name: Lisa Clark
Title: Public Health Engineer
Date of Inspection: May 27, 1988

Va. Hazardous
Waste Reg.

9.8.2.

1. Are all containers in good condition, i.e., not showing signs of leakage or corrosion or any other deterioration/deformation? YES ☒ NO ☐

If not, list the storage/accumulation areas where there are problems and the type of problem.

Location

Problem

Out back

Rusted away

Corroded open

9.8.3.

2. Are the containers lined or made of materials compatible with hazardous waste placed into them so that the container will not react or otherwise be incompatible with (corrode, etc.) the hazardous wastes? YES ☒ NO ☐

9.8.D.1.

3. Are all containers holding hazardous waste kept closed during storage? YES (NO) ✓

If not, list the locations where open containers are found. _____

Storage Area

9.8.E.

4. Are areas where hazardous waste containers are stored inspected by the owner/operator at least once each week? YES (NO) ✓

9.1.F.2.a.

9.1.F.4.

6.4.E.1.d.

5. Is an inspection log maintained? YES (NO) ✓

9.8.F.

6. Are containers holding ignitable or reactive waste located at least 50 ft. from the facility's property line? YES NO N/A

9.8.G.1.

7. Are incompatible wastes placed in separate containers? YES NO N/A

9.8.G.3.

8. Are storage containers holding hazardous wastes which are incompatible with nearby materials stored in containers, tanks, piles, or surface impoundments separated by dikes, berms, walls, or other devices? YES NO N/A

6.4.E.4.a.

9. For satellite accumulation areas:

a. Are there more than 55 gallons of any one type of waste present in the area? YES NO N/A

If yes,

6.4.E.4.b

b. Have the drums been in the satellite accumulation area longer than 3 days? YES NO

If yes,

6.4.E.4.b.

c. Has the company notified the Department about the location of the storage area? YES NO

10. Comments:

C

T/A C

W

1

X. Description of Hazardous Wastes (continued from front)**A. Hazardous Wastes from Nonspecific Sources.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

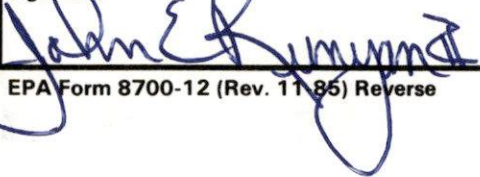
D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature



Name and Official Title (type or print)

John E. Runyan II Vice Pres

Date Signed

May 6, 1986



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• **VAD023831316**

**BOCK DRUM CO INC
2610 FLORIDA AVE
NORFOLK**

VA 23513

INSTALLATION ADDRESS

**2610 FLORIDA AVE
NORFOLK**

VA 23513

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITYINSTALLATION'S EPA
I.D. NO.

VAD023831316

I. NAME OF IN-
STALLATIONII. INSTALLATION
MAILING
ADDRESSBOCK DRUM CO INC
2610 FLORIDA AVE
NORFOLK, VA 23513III. LOCATION OF INSTAL-
LATION2610 FLORIDA AVE
NORFOLK, VA 23513

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

RECEIVED

RCRA SECTION
EPA REGION III

Aug 18 80 000253

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

F VAD023831316 31

800818

I. NAME OF INSTALLATION

BOCK DRUM CO INC

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3

CITY OR TOWN

ST.

ZIP CODE

4

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5

CITY OR TOWN

ST.

ZIP CODE

6

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 BOCK RONALD PRESIDENT

804-855-0549

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 BOCK DRUM COMPANY INC

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 E017 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U001 23 - 26	32 U002 23 - 26	33 U003 23 - 26	34 U004 23 - 26	35 U005 23 - 26	36 U006 23 - 26
37 U007 23 - 26	38 U008 23 - 26	39 U009 23 - 26	40 U010 23 - 26	41 U011 23 - 26	42 U012 23 - 26
43 U013 23 - 26	44 U014 23 - 26	45 U015 23 - 26	46 U016 23 - 26	47 U017 23 - 26	48 U018 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

 Ronald H. Bock
President

8/15/80

- * 1. Addition attached
2. Addition attached

W	V	A	D	0	2	3	8	3	1	3	1	6	2	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U019	U020	U021	U022	U023	U024
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U025	U026	U027	U028	U029	U030
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U031	U032	U033	U034	U035	U036
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

W	V	A	D	0	2	3	8	3	1	3	1	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U037	U038	U039	U040	U041	U042
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U043	U044	U045	U046	U047	U048
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U049	U050	U051	U052	U053	U054
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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W	V	A	D	0	2	3	8	3	1	3	1	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U055	U056	U057	U058	U059	U060
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U061	U062	U063	U064	U065	U066
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U067	U068	U069	U070	U071	U072
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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5	W	V	A	D	0	2	3	8	3	1	3	1	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U073	U074	U075	U076	U077	U088
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U089	U090	U091	U092	U093	U094
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
U095	U096	U097	U098	U099	U100
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED

W	V	A	D	0	2	3	8	3	1	3	1	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)**A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES.** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U1101	U1102	U1103	U1104	U1105	U1106
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U1107	U1108	U1109	U1110	U1111	U1112
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U1113	U1114	U1115	U1116	U1117	U1118
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)
☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)
X. CERTIFICATION

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DATE SIGNED

I.D. - FOR OFFICIAL USE ONLY													
W	V	A	D	0	2	3	8	3	1	3	1	6	21
1	2	3	4	5	6	7	8	9	10	11	12	13	14

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U119	U120	U121	U122	U123	U124
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U125	U126	U127	U128	U129	U130
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U131	U132	U133	U134	U135	U136
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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I.D. - FOR OFFICIAL USE ONLY											
9	8	7	6	5	4	3	2	1	0	9	8
W	V	A	D	0	2	3	8	3	1	3	1
1	2	3	4	5	6	7	8	9	0	9	8
										2	1

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 -- 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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I.D. - FOR OFFICIAL USE ONLY										
W	V	A	P	0	5	3	8	3	1	
3	1	3	1	6	2	1				

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U155	U156	U157	U158	U159	U160
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U161	U162	U163	U164	U165	U166
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U167	U168	U169	U170	U171	U172
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

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5	W	V	A	D	0	2	3	8	3	1	3	1	6
7/A												C	
1	2										13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U173	U174	U175	U176	U177	U178
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U179	U180	U181	U182	U183	U184
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U185	U186	U187	U188	U189	U190
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

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DATE SIGNED

I.D. - FOR OFFICIAL USE ONLY															
S	W	V	A	D	0	2	3	8	3	1	3	1	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U191	U192	U193	U194	U195	U196
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U197	U198	U199	U200	U201	U202
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U203	U204	U205	U206	U207	U208
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

I.D. - FOR OFFICIAL USE ONLY															
9	W	V	A	D	0	2	3	8	3	1	3	1	6	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U209	U210	U211	U212	U213	U214
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U215	U216	U217	U218	U219	U220
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U221	U222	U223	U224	U225	U226
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

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SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED

W	V	A	I	C	2	3	8	3	1	3	1	6	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
U227	U228	U229	U230	U231	U232
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
U233	U234	U235	U236	U237	U238
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
U239					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

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(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Beck Drum Company, Inc.

610 Florida Avenue

Norfolk, Va. 23513



CERTIFIED

P09 3133836

MAIL

EPA - REGION III
P.O. BOX 1460
PHILADELPHIA, PA 19170

**RETURN RECEIPT
REQUESTED**

HAZARDOUS WASTE
PERMIT APPLICATION

DETACH ALONG THIS LINE



BOCK DRUM COMPANY, INC.

2610 FLORIDA AVENUE
NORFOLK, VIRGINIA 23513
PHONE 855-0549



February 13, 1981

Ms. Shirley D. Bulkin
Chief, RCRA Administrative Support Section
United States Environmental Protection Agency
Region III
6th and Walnut Streets
Philadelphia, Pennsylvania 19106

Re: Hazardous Waste Permit Application - Missing Information
EPA I.D. Number: VAD023831316

Dear Ms. Bulkin:

The information that has been passed on since November 18, 1980 has negated our need for a permit. This letter serves as official notice of our withdrawal of application.

Sincerely yours,

Ronald H. Bock
Bock Drum Company, Inc.

RHB/dsm

changed 2/17/81

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY EPA GENERAL INFORMATION <i>Consolidated Permits Program</i> <small>(Read the "General Instructions" before starting.)</small>		I. EPA I.D. NUMBER	
LABEL ITEMS		<div style="font-size: 1.2em; margin-bottom: 10px;">VAD023831316</div> <div style="font-size: 1.5em; margin-bottom: 10px;">BOCK DRUM CO INC 2610 FLORIDA AVE NORFOLK, VA 23513</div> <div style="font-size: 1.5em; margin-bottom: 10px;">2610 FLORIDA AVE NORFOLK, VA 23513</div>		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION		<div style="font-size: 1.2em; margin-bottom: 10px;">2610 FLORIDA AVE NORFOLK, VA 23513</div>		<p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS					
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		MARK 'X'		SPECIFIC QUESTIONS	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		YES NO FORM ATTACHED	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		16 17 18		19 20 21	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		22 23 24		25 26 27	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		28 29 30		31 32 33	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		34 35 36		37 38 39	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		40 41 42		43 44 45	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		46 47 48		49 50 51	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		52 53 54		55 56 57	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		58 59 60		61 62 63	
III. NAME OF FACILITY					
1 SKIP BOCK DRUM COMPANY					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
B. PHONE (area code & no.)					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
B. CITY OR TOWN					
C. STATE					
D. ZIP CODE					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
B. COUNTY NAME					
C. CITY OR TOWN					
D. STATE					
E. ZIP CODE					
F. COUNTY CODE (if known)					

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

XI. MAP

XII. NATURE OF BUSINESS (provide a brief description)

XIII. CERTIFICATION (see instructions)

COMMENTS FOR OFFICIAL USE ONLY	
C	
C	
15	16



BOCK DRUM COMPANY, INC.

2610 FLORIDA AVENUE
NORFOLK, VIRGINIA 23513
PHONE 855-0549



November 18, 1980

EPA - Region III
P. O. Box 1460
Philadelphia, Pa. 19170

Dear Sirs:

This application for permit is filed under protest. We are steel drum reconditioners, engaged in the recovery of valuable containers.

Being in doubt as regards our need to apply for an EPA I.D. number, because of the nature of our business, we contacted Bill Walsh, EPA, via phone November 17, 1980. We were informed that we could be classified in the broader sense, as a generator of hazardous waste because of residuals left in our tanks by our washing operations, we did not, however, fall within the "processing" category.

Because of ambiguities in the regulations of May 19, 1980, it is possible that under extreme interpretations, certain of our activities might be construed as hazardous waste "treatment" requiring an EPA permit. While we disagree with such interpretations, in the absence of timely agency clarification this application is being filed to preserve interim operating status.

Sincerely yours,

Ronald H. Bock
Bock Drum Company, Inc.

RHB/dsm

CC: C. Payne, attorney
L. Bierlein, attorney
N.A.B.A.D.A.

(Reconditioned or New - Drums - Fibers - Pails)

ACKNOWLEDGEMENT SENT
DATE:

INTERNAL CHECKLIST

Installation's Name: **BOCK DRUM CO INC**
EPA ID #: **VAD-02-383-1316**
Date sent for missing info: **11/16/81**
Date returned: **2/17/81**

RECEIVED
RCRA SECTION
EPA REGION III

NOT regulated
Nov 1980 letter in file

I. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM **3** MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid

☐

C. (1) DATE of OPERATION MISSING

☒

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

D. (1) NON-NOTIFIER

☐

(2) NOTIFIED after AUGUST 18, 1980

☐

Valid

☐

E. (1). FORM 1, VIII B SIGNATURE

☐

(2) FORM 3, IX B SIGNATURE

☐

2. A. HANDLER

☐

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

NOTE: Items checked indicates missing information

2.

LAWRENCE W. BIERLEIN, P.C.

LAW OFFICES

910 SEVENTEENTH STREET, N. W.

WASHINGTON, D.C. 20006

(202) 659-9475

August 4, 1980

To: Members, National Barrel & Drum Association

Re: Notification to EPA of Hazardous Waste Activity

Every member of the drum reconditioning industry should attach this memo to their notification to EPA of involvement in hazardous waste activity.

EPA unofficially has advised this industry that an "empty" container, that formerly contained a material that would fall within the classification of hazardous waste, is not itself a hazardous waste unless the material is one of those listed in new Section 261.33(e).

EPA has refused to publish a formal acknowledgement of this position in the Federal Register, with any explanation of the term "empty," before the mandatory notification date of August 18.

Prudent business practice, therefore, compels every handler of "empty" packaging to give notice by August 18, 1980, of direct involvement in the generation, transportation, storage, treatment and disposal of every conceivable material that might be handled. EPA's failure to provide essential clarification in a timely manner forces this approach, even though many who give notice may not in fact be so engaged in waste handling. Where the regulations and the agency leave only doubt, commercial survival demands notification.

Sincerely,



Lawrence W. Bierlein
General Counsel